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Application Number

10/541 827

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Application Number 10/541,827

TRANSMITTAL Filing Date July 11, 2005

First Named Inventor Jan TUMA

Art Unit 2841

Examiner Name J. C. Norris

(to be used for all correspondence after initial filing)			J. C. Norris						
Total Number of Pages in This Submission		Attorney Docket Number	4912	49126					
ENCLOSURES (Check all that apply)									
Fee Ti	ransmittal Form		Orawing(s) Licensing-related Papers			After Allowance Communication to TC  Appeal Communication to Board			
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  ks  e Specification Up Specification		<b>V</b>	of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name Roylance, Abrams, Berdo & Goodman, L.L.P.									
Signature May Buhr									
Printed name	Mark S. Bicks					(			
Date December 22, 2009				Reg. N	0. 28,770	70			
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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE on Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Fees pursuant to the Consolidation 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). 10/541,827 **Application Number** FEE TRANSMITTA Filing Date July 11, 2005 For FY 2009 First Named Inventor Jan TUMA **Examiner Name** J. C. Norris Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2841 TOTAL AMOUNT OF PAYMENT 490 Attorney Docket No. 49126 METHOD OF PAYMENT (check all that apply) Check Credit Card ☐ Money Order

【 None l Other (please identify): ✓ Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 270 110 Design 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Reissue 330 540 165 270 650 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) Multiple dependent claims 390 195 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 0 Fee Paid (\$) 52 Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) \_ - 3 or HP = \_\_\_\_0 220 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two-Month Extension of Time Fee 490

SUBMITTED BY			
Signature	MaySBup	Registration No. (Attorney/Agent) 28,770	Telephone (202) 659-9076
Name (Print/Type	) Mark S. Bicks		Date December 22, 2009

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